

*Mississippi Department of Human Services/Division of Youth Services  
Williams School  
IEP Committee Meeting Minutes*

<b>Student Name:</b>		<b>Date:</b>	
<b>Beginning Time:</b>		<b>Ending Time:</b>	
<b>Points of Discussion:</b>			
<b>Concerns:</b>			
<b>Recommendations:</b>			

***Committee Members Signature and Position:***

Signature _____	Position _____
Student's Signature _____	

If meeting was a teleconference, please indicate phone number called. Ph. ( ) \_\_\_\_\_